(staple inside file in blue slip area) 2700 INTERNAL TRANSFER REQUEST FOR S.N. 109 803,349		
DATE: 87070	FROM: Ellis	(print name)
	REASON(S):	
FORWARD TO:	A. You had Parent	(check box)
A. Art Unit: 2171	B. See Title	(check box)
B. Class: - 708	C. See Abstract	(check box)
C Subclass: 360 +	D. See Claim(s):	
Digital Elter. No	NEEDED: details of the process	sor suitable for class 717.
DATE:	FROM:	(print name)
	REASON(S):	
FORWARD TO:	A. You had Parent	(check box)
A. Art Unit:	B. See Title	(check box)
B. Class:	C. See Abstract	(check box)
C Subclass:	D. See Claim(s):	
FURTHER EXPLANATION IF	NEEDED:	
		(print name)
FURTHER EXPLANATION IF	FROM:	(print name)
DATE:	FROM: REASON(S):	
DATE:	FROM: REASON(S): A. You had Parent	(print name)
	FROM: REASON(S):	(check box)
DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract	(check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED:	(check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION CLASSIFIER:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I DISPOSITION BY 2700 C DATE: FORWARD TO:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION CLASSIFIER: REASON(S):	(check box) (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box) (check box) (check box)

FURTHER EXPLANATION IF NEEDED: